

NJ-W-4P
(8-96)

**CERTIFICATE OF VOLUNTARY WITHHOLDING
OF NEW JERSEY GROSS INCOME TAX
FROM PENSION AND ANNUITY PAYMENTS**

Type or Print Your Full Name

Your Social Security No.

Home Address (No. and Street or Rural Route)

____ / ____ / ____

City or Town

State

Zip Code

Claim or ID Number of Your Pension
or Annuity Contract

I elect to have New Jersey Gross Income Tax withheld from each pension or annuity payment in the amount of
\$ _____ .00 (Minimum of \$10.00 per payment or an even dollar amount greater than the minimum.)

Your Signature _____ Date _____

FORM MAY BE REPRODUCED